HOMELESS POPULATION: UTILIZATION OF HEALTH CARE SERVICES IN ATLANTA

A THESIS

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AUBREY NUAH WEHYE

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ABSTRACT

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WEHYE, AUBREY NUAH B.S.W. Augsburg College, 1977

HOMELESS POPULATION: UTILIZATION OF HEALTH CARE SERVICES IN ATLANTA

Advisor: Professor Hattie M. Mitchell

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The overall objective of this exploratory/descriptive study was to explore those factors which have contributed to homeless persons utilization of health care services at Grady Memorial Hospital and St. Luke Clinic. To achieve this objective, the researcher did the following: 1) identified the factors that influenced the homeless population; 2) explained the various interactions between those factors; and 3) used percentages and T-test to find which of these factors had greater influence.

A self-administered questionnaire was used to collect data in Grady Hospital and St. Luke Clinic. There were fifty (50) homeless individuals who agreed to participate in the survey. Simple descriptive statistics and T-test were used to analyze the data. The findings revealed that the major contributing factors for homeless persons underutilizing health care services are the following:

1) long waiting periods (2 to 4 hours); 2) no insurance; 3) nonsensitive approach to the homeless by medical staff; 4) cost of health care; and 5) transportation.

From our study with both health care facilities, the research revealed that there is a statistical difference between the utilization of health care in Grady Hospital and St. Luke Clinic.

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CHAPTER 1

INTRODUCTION

> "I know these streets, these inner city streets, like I know rhythm and blues and progressions. What is it like to be homeless for a prolonged period of time, say a season or better? What is it like to be caught in the middle of a brutally harsh winter or summer without a job or any money or a place to go and lay your head? What is it like to have to walk the streets all the black night long or to have spent it as bait on a hard bench in a hostile park or in a stifling patch of bug infested weeds? What is it like to be homeless?"
>
> Billy Hands Robinson
>
> "A Scream in the Night" (1988)

Interest in homelessness is not new. Homelessness has historically reflected the interaction between the most vulnerable of our population and the scarcity or plenty of our resources (Lamb and Talbott, 1984). Speculation on why people are homeless in Atlanta has received a great deal of attention in the past few years. The Atlanta Task Force for the Homeless has tried to address some of the stress, medical needs and "screams in the night" of the homeless.

The Federal Department of Housing and Urban Development (1984) suggested that there were from 250,000 to 350,000 homeless people. According to the National Coalition for the Homeless (1983-84), the estimates of the homeless population varies from state to state. They estimate the homeless population to be that of 2.5 million people. Additionally, the Coalition (1983-84) calls our attention to another significant report by the United States Conference of Mayors, citing the composition of the nation's homeless population thusly: 56 percent single men; 28 percent families with children; and 15 percent single women.

When one considers the question "Who then are the home less?", we come to realize that no single group comprises the homeless population. In truth, many different kinds of people are affected: single men and women, the poor, the elderly who have lost their marginal housing, ex-offenders, single parent's households, runaway youths, "throw away" youths (abandoned by their families or victims of family abuse), young people who have moved out of foster care, women escaping from domestic violence, insufficient care for the mentally ill, people with poor health, and illegal immigrants (Rivilin, 1986).

Homelessness draws attention as a social problem because of the increased visibility of the disadvantaged status of this population. Homeless people have nowhere to

go. According to Rivilin (1986), they are the "periodic" and "temporary" persons whose circumstances are frequently beyond their control. Rivilin further asserts this assumption that the homeless person's ability to create . . . .home roots may be damaged, but not destroyed.

Granted most of these reports and statistics previously mentioned have not focused on the utilization of health care services by the homeless. My interest in undertaking this research derives from a desire to know more about the utilization of health care of the homeless. One function of the proposed study is to help clinical social workers and other professional agencies who deal with the homeless population to better provide for the medical needs of the homeless.

Statement of the Problem

With a few notable exceptions, utilization of health care services by the homeless have not devoted their research efforts to increasing our knowledge and understanding of this aspect of the homeless population. Homelessness remains a critical social, psychological and medical issue. According to The Homeless Person's Survival Act of 1986, Congress found that, not since the Great Depression has homelessness in America reached such epidemic proportions. It has become a major factor in our national population.

The Task Force of 1987 estimates that 60 percent of the homeless have mental/health problems. Fifty to 60 percent

of that population have alcohol and drug problems. Job loss, divorce, change in physical health, and evictions are just a few examples that can precipitate a personal crisis that can lead to homelessness.

There is empirical data from the World Health Organization (1973) that defines health as the ability to cope. For the homeless physically ill individuals, the world becomes a place where the ability to cope is virtually impossible (L. See, 1988). This view has also been expressed by the few other scholars who have undertaken research on the utilization of health care services by the homeless (Samuels, 1965; Robertson and Couseneaw, 1986; Fisher et al., 1986).

Physical health for the homeless person is frequently seen as a secondarily concern. The search for food and a job become the task during daylight hours. The basic survival needs override other wants (L. See, 1988). These are the types of problems that the homeless face in Atlanta. The point of entry into medical services usually occurs when the illness or condition becomes unbearable. To be simultaneously homeless and physically ill is a predicament that is so grave that it is often very hard for professionals to imagine its dimensions.

Significance of the Study/Purpose of the Study

The significance of this study will be reflected in the overall objective, i.e., to explore those events and

circumstances which lead homeless persons to use health care services at Grady Memorial Hospital and St. Luke Clinic.

The purpose of this exploratory descriptive study is to identify, address and compare the medical services that are provided to the homeless population at Grady Memorial Hospital and St. Luke Clinic. More explicitly, the study will compare both medical facilities, in reference to what is provided, the mode of transportation, and how the homeless perceived attending both medical facilities. Clearly associated with this purpose are the following:

1) Identify the factors that influence homelessness.
2) Explain the various interactions between the factors.
3) Use simple theoretical models to ascertain which of these factors have the greatest influences on the utilization of health care services by the homeless.

CHAPTER 2

LITERATURE REVIEW

In our society not all people are equally healthy nor does everyone have equal access to the care that would facilitate good health. Some of the differences in the physical health of homeless persons are related to natural events common to humankind: the disease process, aging, genetic, predisposition, and expected biological transformations, for example. Other causes for differences in health, however, are related to cultural variations and sociopolitical inequalities that create barriers to access and utilization of health care resources.

According to health utilization studies, USHEW-HRA (1979); USDHEW-HRA (1980); U. S. DHEW-PHS (1980); usage (of services and facilities) is closely related to family income. Striking differences are evident between lower-higher income groups in that the latter use health care services much more extensively (Krause, 1976).

Not only is there a significant relationship between income and use of health services, but there are other factors that influence accessibility and utilization. Some of those are political; some are cultural. What, then, are some of the specific factors that create barriers to

utilization of health care services and cause some groups...(homeless populations) in our society to be less healthy and remain so? (Kane, 1976).

The availability and use of health care resources is a complex issue. The parameters of utilization are broad, ill-defined, and complicated by culture, geography, politics, social issues, and the state of the economy.

While interest in homelessness is not new, the scientific study of the homeless is a relatively recent phenomenon. Bahr (1973), for example, argues that the twentieth century is called the century of homeless man. The reason for this, according to Bahr, is because some form of disaffiliations maybe more prevalent now than in the past (Bahr, 1973).

The growth in interest and study of the homeless is due, in large part, to the increasing number of homeless individuals, families and children. In a study during the 1960's, Bahr and Coplow (1973) concluded that not all homeless men were "skid row." The Bowery studies of the homeless population in Manhattan revealed that there are at least 30,000 non Bowery homeless men.

The growing diversity of the homeless during the latter part of the 1970's prompted Hooper and Hamber (1984) to identify the distinctive forces contributing to contemporary homelessness. These areas included: bouts of

economic stagnation; persistently high unemployment levels; rising inflation; declining wages; stagnant household incomes; rapidly rising market values on homes; urban displacement; housing abandonment; gentification; deinstitutionalized mentally disabled; families increasingly disintegrated; fires; vacate orders and evictions.

Hooper and Hamber (1984), for example, further notes the transformation in the ranks of "skid rows homeless." They stress that the new arrivals tended to be younger than their counterparts in the 1960's and that they were no longer exclusively male; women began to appear on the streets. Blacks and other minorities rarely seen in the "skid rows" of the 1960's were increasingly counted among the homeless.

Bassuk and Lauret (1986) studies focused on the homeless in the 1980's. The authors noted the visibility of the problem through the mass media--radio, t.v. and the press. Examination reveals that homelessness became such that the problems could no longer be ignored. Various complex factors, including state and federal government practices contributed to the astounding increase in the number of homeless persons.

Specifically, homelessness draws attention as a social and health problem because of the increased visibility of the disadvantaged status of the homeless. Hombs and Snyder

(1983) elaborated on a very comprehensive review of Federal Policies and Budgeting Effects on the homeless. They concluded that the leading causes of homelessness in the U. S. today was the result of the Reagan Administration budget/cutbacks.

Hope and Young (1984) propose that the strident regulations introduced by the Reagan Administration, some deinstitutionalized mental patients were denied social security and SSI benefits.

Americans have always seemed concerned with their health. This concern has not necessarily been translated into a rational system of health care or even a very rational use of the health care system. Fisher et al. (1986) found that homeless persons have a greater need for health care, but actually utilize ambulatory care center less often. Offhand we can imagine various reasons for the underused services: inadequate financial resources, geographical and social distance between would-be clients and health service, and cultural conflicts between provider and recipient group. Of course, other possibilities are more insidious: prejudice, institutional and individual racism, ignorance, and the maintenance of social power and status. To many of the homeless, health care is a luxury higher on their continuum of needs. Basic survival needs

come first--food, shelter, a job--and other needs must await their relative satisfaction. Howard (1975) makes the observation that in Mississippi, she had to be reminded that some people "saw as most relevant to their health, not medical care but the food, job, cash income, basic housing, shoes and clothing, clean water, and the right to vote." Living homelessly can make you sick.

The issue of access to health care services has been studied rather consistently for the past ten years. Robertson and Causineaw (1986), in their report on access to health care services found that one third of the homeless population felt that their health was fair and poor; 53 percent had no regular source of care; 81 percent had no health insurance; 7 percent had medical insurance; 4 percent had medicare; 5 percent had private insurance and 2 percent have veteran's medical benefits.

Similarly, Fisher et al. (1986) found in the Los Angeles study of the homeless depended on emergency rooms of local public hospitals for treatment; twice as many men had been hospitalized as women; 38 percent of the homeless had at least one chronic health problem; 25 percent believed that the condition could be treated; lack of money or insurance accounted for 13 percent of the population; and 8 percent had no knowledge about how or where to find a doctor.

Speculation on why people are homeless has been proposed and implications for intervening in the homeless process have been forthcoming. Schapiro (1985), in the Atlanta Study, found that 25 percent of all outpatient visits by the homeless to the emergency clinics at Grady Memorial Hospital resulted in hospitalization. This rate is significant lower in the regular household population. These results indicate a need for primary and secondary intervention in the Atlanta area.

Surber et al. (1983-84) study conducted in the San Francisco General Hospital for the purpose of identifying the number of homeless person admitted to the hospital from January to March 1983. Out of the 4,436 admissions during these months, many listed their addresses as "streets," "transient," or no local address. Seventy-eight percent of the sample were males and 21 percent were females. The age range was from 20 to 80 years.

A survey study that was conducted by the Georgia Task Force for the Homeless (1987) revealed that 63 percent were black; 29 percent were white; 2 percent Hispanic; 2 percent Oriental; one percent Native Americans (Indians); and 1 percent other. According to this research, males are more homeless (58 percent) than females (42 percent).

Further descriptive and correlational information about the homeless population is provided by Hagin (1970). This

study examined the characteristics of the homeless population, reasons for homelessness, needs of homeless people, and services provided. The results of the survey began increasing to include women of all ages and young men. Minorities were overrepresented. In gender differences, 31 percent of the women were between the ages of 35 and 64 years of age in comparison with 26.6 percent of the men. Men were somewhat more likely to be between 17 and 21 years of age.

Research Atlanta (1983) conducted a study at Grady Memorial Hospital interviewing Management Service Office, Emergency Surgical Clinic, and the Emergency Medical Clinic staff, about the cost of homeless persons that visit the outpatient clinic. It was reported that homeless emergency visits cost the hospital $469,287 per year. These cost are largely uncompensated by either the homeless person or third-party payments. Grady Memorial Hospital serves most of the indigent clients in Fulton and Dekalb Counties, hospitalization of homeless persons usually occurs at Grady. Some of the homeless are served at St. Luke Medical Clinic, the Downtown Labor Medical Clinic and the Mercy Mobile Health Project.

The enjoyment of the highest, attainable standards of health is one of the fundamental rights of every human being without distinction of race, religion, political

belief, economics, or social condition. Thus, not only is health a state of wellness, but it is a right. In terms of the varying health of the homeless population, such a lofty notion is resonant in conception but weak in deed.

In order to improve the health care of the homeless population in Georgia, Governor Joe Frank Harris and the Georgia Assembly set up a committee to study the homeless issue and to propose possible solutions. The Executive Committee Report (1987) recommendations were considered as the first step in addressing the homeless diverse needs.

Additionally, the Georgia Nurses Foundation (1987) established a health care clinic for the homeless in Atlanta. The goal of the clinic included access to health care, provide selected health care services, refer homeless persons that need major medical care to Grady Hospital; refer the homeless to other community agencies for services not available at the health care clinic. In 1985 the clinic encountered 4,000 clients; in 1986, they served 5,800 clients, and in 1987, they provided services to 7,327 homeless persons.

The Partnership for the Homeless (1986) published an interim report called "National Trends in Addressing Homelessness" which identified the 15 major cities which experienced the largest increase in homelessness during the winter of 1986.

The issue of deinstitutionalization is frequently identified as being a major contributor to the ranks of the homeless. Rivilin (1986), in a one-day study conducted in Boston and Cambridge, Massachusetts, interviewed 78 homeless men, women and children staying in an emergency shelter. The vast majority were found to have severe psychological illnesses, that largely remained untreated. Approximately 91 percent were given primary psychiatric diagnosis; about 40 percent had psychoses; 29 percent were chronic alcoholics; and 21 percent had personality disorders. An additional one-third had been hospitalized for psychiatric care.

Similarly, Research Atlanta (1983) conducted a study of four overnight church shelters and found after interviewing 70 residents that Atlanta's homeless population is a diverse group. Noting that, approximately 40 to 60 percent of the mentally disabled would in earlier days have been hospitalized; 40 to 60 percent are substance abusers, especially of alcohol; 30 to 50 percent were ex-convicts and 20 to 50 percent were victims of personal adversities, such as divorce illness or accidents.

Research conducted in Philadelphia, Los Angeles, and New York support the fact that a high percentage of the homeless population consists of people with mental problems.

Brickner et al. (1986) specified that the growth and development of homelessness is not solely a housing phenomenon or the result of a failed attempt to care more humanely for the mentally ill or a consequence of epidemic alcoholism and drug addiction. The report further states that a wide range of factors have been implicated and each may differ in importance from one region of the country to another. In addressing the health issues, the report noted that medical disorders of the homeless are common illnesses, magnified by disordered living conditions, exposure to extremes of heat and cold, lack of protection from rain and snow, bizarre sleeping accommodations and overcrowding in shelters.

In the past several years, information about the prevalence and disease and treatment methods has increased as shelters for the homeless have proven throughout the U. S. What then are the factors that have contributed to the homeless population noncompliance to treatment of chronic disease? Brickner et al. (1986) reveal that the design of health care system is a barrier; common attitudes of health workers toward the poor; psychosocial and behavioral characteristics of the homeless population; the intolerance of lengthy and probing registration procedures. This attitude is reflected in a comment by a homeless client to a hospital social worker: "I just come here for

the doctor to look at my eyes. What does that have to do with where I was born or my mother's name before she get married?"

Snow (1984) agrees that deinstitutionalization is another contributing factor to homelessness, yet questions the double-edged thesis that the majority of the homeless are mentally ill and that the urban streets of America have consequently become the asylums of today. In a field study of 13,881 unattached homeless adults in Texas, he attempted to shed some empirical light on the relationship between mental illness and homelessness. The findings revealed that approximately 16 percent of the sample had contact with the system at the state and local levels and that 10 percent had been institutionalized more than once. Moreover, the greatest population of the contacts according to the systems standard diagnostic criteria has been for substance abuse, primarily for alcohol, rather than for purely psychiatric problems.

Lamb (1984) asserts that it is not the result of deinstititutionalization per se, but the way deinstitutionalization has been carried out, i.e., the lack of planning for structured living arrangements and for adequate treatment and rehabilitative services in the community, that has led to many unforeseen consequences such as homelessness.

In a recent New York State Office of Mental Health Study (1985), it was found that of the 170 randomly selected users of the men's shelters, one-fifth had been in state hospitals. They further qualified their findings by this comment: There is little justification for the ascertain that the growth in the homeless population seen today is due to the large number of releases from state hospitals, close to half were released more than five years ago. Furthermore, only 15 percent were thought to be homeless because of mental problems. Certainly not all researchers agree that deinstitutionalization has had such a dramatic impact on the homeless population.

While many research projects focused on deinstitutionalization as a major reason for homelessness, a study by Research Atlanta (1984) revealed that a growing number of newly unemployed persons from all age groups were homeless because of economic factors.

According to Stark (1984), in a study of the homeless in Arizona, 60 percent of those using the shelter had been homeless for six months or less due to economic factors. Fustero (1984) found in a study of the homeless in Denver that the larger percentage of the homeless are not "derelicts," but rather, were the recently unemployed "new poor."

In the Georgia Poverty Journal (1988), Robinson shares this perspective and experience as a homeless person.

> As a rage that slaps you awake in the morning and then ballons and ballons inside of you all the day long until at night. Homelessness is a state of almost total negativity experienced by people who do not have places or the where withal to obtain them to lay their heads. . . . A group of human beings who have been declassified out of humanity, a group of human beings who pride and dignity have been all but stripped aways.

Roth and Bean (1985) focused on the homeless with alcohol problems. Of the overall homeless sample, 49 percent said they had been drinking "some" and 19 percent said they had been drinking "a lot" during the past month. Nearly 27 percent indicated that they had at some point in their lives go to someone for help about their drinking.

The Philadelphia Health Management (1985) conducted a two-year study of some 1,200 to 1,500 homeless substance abusers. The following results were found. The vast majority of this group are alcoholics; a great variety in life patterns; some began substance abuse at a very young age; serious abuse did not begin in others until later in life; some had conventional lifestyles, attending college, previously held skilled jobs, retained links to family and appeared to have an opportunity to become re-employed;

others had very little education; never had any economic or domestic security; and lived in precarious circumstances always. In all cases, drinking had become uppermost in their lives and had led directly to their becoming homeless.

Research Atlanta (1984) notes that in an informal estimate by Atlanta Shelter Pesonnel, they generally agree that 40 to 60 percent of Atlanta's homeless significantly abuse alcohol.

Homelessness in Philadelphia study conducted by the Philadelphia Health Management Cooperation indicated that drug abusers are relatively rare in emergency shelters. Many drug abusers reported that they were forced out of their homes due to their drug addiction. This population frequently abuse alcohol as well as have health problems such as blackouts and seizures. In addition, some chronically mentally ill individuals "self-medicate" themselves with alcohol, drugs or both.

National Growth in Homelessness (1986) asserts that in a survey of 400 public and private sector agencies, less than half of the reported agencies found that 43 percent indicated that homeless victims of drug or alcohol abuse in their city--primarily single adults--had increased in the last part of 1985 or will grow further in 1986.

The basic cause of homelessness are often attributed to alcoholism, mental illness, deinstitutionalization or

lack of economically marketable skills. Flanzer et al. (1982) reports that the actual descent to street existence is often precipitated by a specific instance of personal misfortune. The most common of these are marital and family problems. Family violence occurs among all ages, socioeconomic, ethnic and racial groups. Social factors makes a difference in a family's inclination to engage in violent behavior. Other factors such as age, income, having a full-time or no job, have a strong bearing on family violence.

Estimates of the number of women battered in their homes ranges as high as 50 to 70 percent of the population (Litigation Coalition for Battered Women, 1977 and Parnas, 1977). Violence can take many forms. Lewis Okum (1980) found that physical abuse is another contributory factor to homelessness among women. Stoner (1983), in a study of vagrant and transient women in South Carolina, reported that the sample was predominantly Caucasian, 40 years of age or younger, and not not had more than a high school education. This study encompassed a broader environment than "Skid Row" and did not specifically focus on alcoholism. In relation to problems perceived by the study sample, the majority were dissatisfied with their present lives and identified as their most serious problems as a lack of money, nowhere to live, unemployment, separation

from family, lack of friends and illness.

Urban Study Institute (1985) provides information regarding Research Atlanta's study of homeless females. The homeless females comprise 10 to 20 percent of Atlanta's homeless population. Most of the homeless women are over the age of 50, and are white. As with the young homeless, they often display serious mental and emotional disabilities and secondarily, problems with alcohol abuse. Many of these women have no family while others are simply disaffiliated from kin.

This national problem of the social and health issues of the homeless has not been address in any organized fashion in our health care system. The scientific study of the homeless is a relatively recent phenomenon. The literature on the homeless is expanding.

The literature review clearly shows that homelessness is a complex problem. The reason for underutilization of health care services by the homeless is equally complex. Stoner (1983) notes that the underlying causes of homelessness persist, and the dimension of the problem is increasing. Structural unemployment, inadequate and insufficient community-based mental health care aid health care, domestic violence and abuse, recent cutbacks in income maintenance programs, and social services are intensifying homelessness.

Health can be defined as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. It is not only a state of wellness, health is a fundamental right.

Theoretical Framework

Our understanding of the factors that lead to effective utilization of health care services by the homeless population is far from complete. The fact that a wide variety of demographic and psychosocial variables have shown that it is a complete multidimensional issue.

In order to access this puzzling problem on the utilization of health care services by the homeless population, a study of fifty (50) homeless persons were carried out. The conceptual theory for this paper was drawn from the thinking of Carol Germain and Alex Gitterman's Ecological Model as cited in Goldstein (1984). The ecological perspective represents a philosophical conception of human being as active, purposeful, and having the potential for growth, development and learning throughout the life cycle. It results in a shift from a illness to health orientation, and it reflects an emphasis on progressive rather than regressive force.

In the ecological perspective, people and their environments are viewed on interdependent, complementary parts of a whole in which each constantly changing and each

is reciprocally shaping the other.

Thus, human problems and needs are conceptualized as outcomes of transactions between the parts of the whole. They are defined as problems in living which have created stress and taxed coping abilities. Within the interface where person and environment touch, the problem or need reflects a disjunction between coping needs and environmental nutriments. The unit of attention is the person(s) and the life space, the individual, family, or group and the ecological content become the "case" or the unit of service. This theory will inform our research.

The operational definitions utilized in this research are as follows:

1) Homeless: Anyone whose primary night time residence is a public or private shelter, an emergency lodging house or commercial hotel/motel, or any of the innumerable public spaces resorted to by those who remain on the street (U. S. Office of General Accounting, 1985).
2) Shelter: A temporary place provided for the homeless to sleep overnight for protection from the cold, rain, wind, snow and sun.
3) Utilization of services: Services that are provided to the homeless in Grady Memorial Hospital and St. Luke Clinic, which include medical,

clothing, food, counseling, transportation, referral, and emerging treatment.

4) Underutilization of health care: Health care services not fully used by the homeless.

5) Overutilization of health care: Health care services used in excess of their health needs by the homeless population.

6) Health: The condition of complete physical, medical and social well-being.

Hypothesis

H_A: There is no statistical significant difference between the utilization of health care services between the homeless persons in Grady Memorial Hospital and in St. Luke Clinic.

CHAPTER 3

METHODOLOGY

Research Design

This is an exploratory and descriptive study. It is intended to explore the major factors that contribute to the utilization of health care services by the homeless population at Grady Hospital and St. Luke Clinic.

Sampling

The non-probability convenience sample was used. This sample consisted of the individuals who were convenient to the researcher and was willing to respond to the researcher's questionnaire. The sampling population was drawn from the homeless population receiving medical care and social services provided by Grady Hospital and St. Luke Clinic in Atlanta, Georgia.

Variables used to select this population included confirmed homelessness states in ages eighteen (18) through sixty (60). A total of seventy-five (75) homeless persons initially interviewed met the criteria; however, only fifty (50) agreed to participate in the sample group.

Of the seven (7) females and forty-three (43) males, all subjects were between the ages of eighteen (18) and forty (40) years, experiencing all the medical and psychosocial problems that the state of homelessness might induce.

Data Collection Procedure (Instrumentation

The data for this study was obtained through individual interviews with each participant, using a structure questionnaire. Before administering the questionnaire, preliminary tasks were accomplished. These included written permission to the directors of St. Luke Clinic and Grady Memorial Hospital, Social Services, and supplied each with a copy of the questionnaire. Confidentiality and anonymity were ensured. From the sample, persons were given the option to refuse to participate in the study.

Each participant was interviewed initially. In each individual interview the purpose and goals were given. Clear instructions for completing the questionnaire were provided. Time was allocated for questions and answers: the questionnaire took approximately twenty (20) to thirty (30) minutes to complete. Expressions of thanks were given to all subjects. The questionnaire was collected from participants the day of completion.

The instrument utilized consisted of forty-five (45) questions (see Appendix B). It has two sections. Section one (1) consisted of thirty-eight (38) questions focusing on utilization of health care services by the homeless. Section two (2) consisted of seven questions focusing on demographic items.

A pretest was administered to eight (8) homeless persons, four (4) at Grady Memorial Hospital and four (4) at St. Luke Clinic for the purpose of refining the instrument and identifying how to lessen anxiety associated with sharing information on their utilization of health care services as homeless persons. As a result of this process, there were no deletion of items. The homeless persons did not express any anxiety about sharing this type of information; therefore, there were no alterations in the instrument or questionnaire.

Data Analysis

The collected data was coded and analyzed using SPSSX batched system on the VAX Computer System of the Atlanta University Center. The descriptive statistics was used to analyze the data, this included frequency distribution, percentage and T-test table.

CHAPTER 4

PRESENTATON OF RESULTS

Null Hypothesis:

H_A: There is no statistical significant difference between the utilization of health care services between the homeless persons on Grady Memorial on Grady Memorial Hospital and in St. Luke Clinic.

Table 1

T-Test Analysis of the Utilization of Health Care Services in St. Luke Clinic and Grady Memorial Hospital by the Homeless in Atlanta

	Mean	Standard Deviation	T-Table	Prob.
St. Luke Clinic	1.000	.00	-3.30	0.002
Grady Memorial Hospital	1.416	0.504		

The table reveal based on the T-test analysis of the data that there is a statistical difference between the two health care facilities. The reason for the differences lies in the fact that Grady Hospital provides more services than St. Luke Clinic.

Grady Hospital is sponsored by Dekalb and Fulton Counties. It has more services, staff, doctors, hospital

equipment, and the emergency services as well as general health services are provided on a twenty-four-hour basis. A factor contributing to using the Grady Memorial Hospital services by the homeless has to do with the number of services and availability in terms of twenty-four-hour services.

It is true that Grady is open twenty-four hours a day and more patients receive services, our research results reveal that the patient must wait in the emergency room longer, sometimes up to four hours in an effort to receive medical services. This time frame contributes to non-compliance factors by many of the homeless.

St. Luke is a clinic operated by the St. Luke Church and the Georgia Nurses Foundation. In addition to providing medical/health services, it also provides a food kitchen. Homeless persons with complex health problems are transferred to Grady Memorial Hospital. The St. Luke Clinic operates from 8:00 a.m. to 6:00 p.m. It has less staff, doctors and also use volunteers. Because of the size of the clinic and staffing, the clinic see fewer patients at a faster rate than Grady Hospital. There seems to be less waiting to be seen by he doctors or nurses at St. Luke Clinic. Because of the time factor, St. Luke Clinic provides faster service, more of the homeless prefer St. Luke Clinic, but do not utilize it more because of the lack of medical equipment, doctors, staff and services.

The sample population consisted of fifty homeless persons. Table 1 illustrates the homeless by classification of number of homeless and percentage. Table 2 illustrates the current use of health care facility by homeless persons.

Table 2

Current Usage of a Health Care Facility

Services	Frequency	Percent
Yes	41	82.0
No	9	18.0

Question #1: Are you currently using a health care facility? In responding to the question, 82 percent of the homeless indicated yes and 18 percent of the homeless indicated no.

Table 3

Last Time Respondents Used Health Care Facility

Time	Frequency	Percent
0 - 6 months	39	78.0
6 - 12 months	8	16.0
12 months and over	3	6.0

Question #2: When was the last time you used a health care facility? In responding to the question, 78 percent of the homeless indicated they have used a health care facility form 0-6 months; 16 percent from 6-12 months; and 6 percent from 12 months and over.

Table 4

Facility Utilized for Health Care

Facility	Frequency	Percent
St. Luke Clinic	16	32.0
Grady Hospital	24	48.0
Other Hospital and Clinics	1	2.0
Both St. Luke and Grady	9	18.0

Question #3: Where do you go for health care utilization? In responding to the question; 32 percent of the homeless indicated that they utilized St. Luke Clinic; 48 percent used Grady Hospital; 2 percent used other hospitals and clinics; and 9 percent indicated they used both St. Luke Clinic and Grady Hospital.

Questions #4 and 5: How often do you use St. Luke Clinic and Grady Hospital? In responding to the question, 28 percent of the homeless indicated they used Grady Hospital very often; 22 percent used it often; 14 percent

Table 5

Which Facility Most Often Used: St. Luke or Grady Hospital

Grady Hospital	Frequency	Percent
Very often	14	28.0
Often	11	22.0
Little	7	14.0
Very little	15	30.0
Not at all	3	6.0
St. Luke Clinic		
Very often	8	16.0
Often	12	24.0
Little	7	14.0
Very little	6	12.0
Not at all	17	34.0

used Grady little; while 30 percent used Grady very little and 6 percent did not used Grady at all. While only 16 percent used St. Luke Clinic very often; 24 percent used St. Luke often; 14 percent little; and 12 percent used the clinic very little; 34 percent did not use St. Luke Clinic at all.

Question #6: Why do you use Grady Hospital instead of St. Luke Clinic. In responding to this question, 36 percent indicated they used Grady instead of St. Luke

Table 6

Reason for Using Grady Hospital Instead of St. Luke Clinic

Reasons	Frequency	Percent
Because Grady has better service	18	36.0
Because Grady services are worse	5	10.0
Because Grady has more services	27	54.0

because Grady has better service. Ten percent indicated they used Grady because the services in Grady are worse and 54 percent responded that Grady has more services.

Table 7

Reason for Using St. Luke Clinic Instead of Grady Hospital

Reasons	Frequency	Percent
Because St. Luke has better services	21	42.0
Because St. Luke services are worse	10	20.0
Because St. Luke has more services	4	8.0
None of the above	15	30.0

Question #7: Why do you use St. Luke Clinic instead of Grady Hospital? Forty-two percent used St. Luke because it has better services; 24 percent indicated the services

in St. Luke are worse; 8 percent indicated that St. Luke has more services and 30 percent responded that none of the above reasons are correct.

Table 8

Transportation Received from Grady and St. Luke Clinic

Grady Hospital	Frequency	Percent
Very often	8	16.0
Often	3	6.0
Very little	13	26.0
Not at all	26	52.0
St. Luke Clinic		
Very often	2	4.0
Often	3	6.0
Little	3	6.0
Very little	10	20.0
Not at all	32	64.0

Questions #9 and 10: How often do homeless receive transportation services from Grady Hospital and St. Luke Clinic? Sixteen percent indicated they received transportation very often, 6 percent indicated often, while 26 percent used transportation at Grady very little and 50 percent did not used transportation from Grady at all.

Referring the same question to St. Luke Clinic, 4 percent received transportation at St. Luke Clinic very often; 6 percent often; 6 percent of the respondents receive little; while 20 percent receive very little; and 64 percent did not receive transportation services from St. Luke at all.

Table 9

Cost as a Factor for Not Using Heatlh Care

Cost	Frequency	Percent
Yes	27	54.0
No	23	46.0

Question #10: Does cost determine whether you use Grady or St. Luke health services? In responding to the question, 54 percent of the homeless indicated yes and 46 percent of the homeless indicated no.

Questions #11 and 17: How long do you have to wait to receive services at Grady Hospital and St. Luke Clinic? Eighteen percent of the homeless indicated they sometimes wait for less than an hour at Grady Hospital; 20 percent indicated they could wait as long as 1-2 hours; while 26 respondents indicated they could wait for 2-3 hours; and 36 percent indicated they spent 4 hours or more in Grady to

receive medical service. The same question was posed to the homeless at St. Luke Clinic. Sixty-eight percent of the homeless indicated they spend less than an hour at St. Luke to receive health care service; 22 percent spent 1-2 hours; 6 percent spent 2-3 hours; and 4 percent spent 4 hours or more to utilize health care services at St. Luke Clinic.

Table 10

Waiting Time at Grady Hospital and St. Luke Clinic to Receive Service

Grady Hospital	Frequency	Percent
Less than an hour	9	18.0
1-2 hours	10	20.0
2-3 hours	13	26.0
4 hours or more	18	36.0
St. Luke Clinic		
Less than an hour	34	68.0
1-2 hours	11	22.0
2-3 hours	3	6.0
4 hours or more	2	4.0

Question #12: What health care facility could you recommend to your friends for the utilization of health

Table 11

Health Care Facility Homeless Could Recommend to Friends

Facility	Frequency	Percent
St. Luke Clinic	18	36.0
Grady Hospital	24	48.0
None of these	3	6.0
Both St. Luke and Grady	5	10.0

care? Thirty-six percent of the homeless indicated they could recommend St. Luke Clinic; 48 percent of the homeless are in favor of recommending Grady Hospital; while 6 percent indicated none of the above could be recommended; and 10 percent indicated they could recommend both Grady and St. Luke Clinic.

Table 12

Health Care Services Utilized in the Past One Year

Services	Frequency	Percent
Yes	46	92.0
No	4	8.0

Question #13: Have you utilized health care services in the past one year? Ninety-two percent of the homeless indicated yes and 8 percent of the homeless indicated no.

Table 13

Services Rating at Grady Hospital and St. Luke Clinic

Grady Hospital	Frequency	Percent
Very good	14	28.0
Good	13	26.0
Fair	16	32.0
Poor	7	14.0
St. Luke Clinic		
Very good	15	30.0
Good	15	30.0
Fair	17	34.0
Poor	2	4.0
Don't know	1	2.0

Questions #14 and 15: How will you rate the services utilized in Grady Hospital and St. Luke Clinic social services? Twenty-eight percent of the homeless indicated Grady rate was very good; 26 percent of the homeless indicated Grady rate was good; while 32 percent indicated it was fair; and 14 percent indicated Grady Hospital rate was poor. Asking the same question about St. Luke Clinic, 30 percent indicated the rating of St. Luke is very good; 30 percent rated St. Luke good; 34 percent indicated it was fair; while 4 percent responded that the rate is poor;

and 2 percent of the homeless indicated they do not know how to rate St. Luke Clinic.

Table 14

Homeless Receiving Medical Checkup at St. Luke Clinic and Grady Hospital

St. Luke Clinic	Frequency	Percent
Very often	8	16.0
Often	4	8.0
Little	9	18.0
Very little	9	18.0
Not at all	20	40.0
Grady Hospital		
Very often	16	32.0
Often	10	20.0
Little	7	14.0
Very little	12	24.0
Not at all	5	10.0

Questions #16 and 18: How often have you received medical checkups at Grady Hospital and St. Luke Clinic? Sixteen percent of the homeless indicated they received medical checkups at St. Luke very often; 8 percent of the homeless indicated they received medical checkups often;

18 percent indicated very little; and 40 percent of the homeless indicated they have not had a medical checkup at St. Luke at all. Referring the same question to Grady Hospital; 32 percent of the homeless indicated they received medical checkups at Grady very often; 20 percent of the homeless indicated often; 14 percent indicated they have had little medical checkups; while 24 percent of the homeless respondent very little; and 10 percent of the homeless indicated they have not had a medical checkup at Grady Hospital at all.

Table 15

Rating Nurses' Approach to Homeless at St. Luke Clinic and Grady Hospital

St. Luke Clinic	Frequency	Percent
Very good	19	38.0
Good	17	34.0
Poor	2	4.0
Don't know	12	24.0
Grady Hospital		
Very good	17	34.0
Good	17	34.0
Poor	15	28.0
Don't know	2	4.0

Questions #19 and 23: How will you rate the approach received from the nurses at St. Luke Clinic and Grady Hospital? In responding to the question, 38 percent of the homeless indicated they rate St. Luke Clinic nurses very good; 34 percent of the homeless rated them good; 4 percent rate St. Luke Clinic poor and 24 percent indicated they do not know how to rate the nurses at St. Luke Clinic. In rating the nurses in Grady Hospital, 34 percent of the homeless rated the nurses very good; 34 percent of the homeless rated them good; while 28 percent rated the nurses at Grady poor; and 4 percent indicated they do not know how to rate Grady Hospital nurses.

Questions #20 and 21: How will you rate the approach received from the doctors at Grady Hospital and St. Luke Clinic? In responding to the question, 38 percent of the homeless respondents from Grady Hospital indicated the rate was very good; 44 percent of the homeless indicated the rate was poor and four percent of the homeless who received service at Grady indicated they could not rate the doctors at Grady. In St. Luke Clinic, 36 percent of the homeless rated St. Luke's doctors very good; 28 percent of the homeless rated them good; while 4 percent of the respondents rated St. Luke's doctors poor; and 32 percent of the homeless indicated they do not know how to rate St. Luke's doctors.

Table 16

Rating Doctor's Approach to Homeless at Grady Hospital and St. Luke Clinic

Grady Hospital	Frequency	Percent
Very good	19	38.0
Good	22	44.0
Poor	7	14.0
Don't know	2	4.0
St. Luke Clinic		
Very good	18	36.0
Good	14	28.0
Poor	2	4.0
Don't know	16	32.0

Questions #22 and 24: How will you rate the approach received from the staff at St. Luke Clinic and Grady Hospital? In responding to the questions, 42 percent rated the staff at St. Luke Clinic very good; 30 percent of the homeless rated St. Luke's staff good; while 6 percent rated them poor; and 22 percent of the homeless indicated they do not know how to rate St. Luke's staff. In responding to Grady Hospital's staff, 24 percent of the homeless indicated the staff at Grady is very good; 34 percent of the homeless rated the staff good; 32 percent of the

Table 17

Rating the Approach to Homeless by Staff at St. Luke Clinic and Grady Hospital

St. Luke Clinic	Frequency	Percent
Very good	21	42.0
Good	15	30.0
Poor	3	6.0
Don't know	11	22.0
Grady Hospital		
Very good	12	24.0
Good	17	34.0
Poor	16	32.0
Don't know	5	10.0

homeless rated them poor; and 10 percent indicated they do not know how to rate Grady Hospital's staff.

Question #25 and 26: How do you feel when you come to St. Luke Clinic and Grady Hospital for the utilization of health care? In responding to the questions, 28 percent of the homeless indicated they feel very good about St. Luke Clinic; 30 percent of the homeless feel good about St. Luke; 26 percent indicated they feel fair; while 10 percent of the homeless indicated they feel bad in St. Luke Clinic; and 6 percent indicated they do not know. In Grady

Hospital, 22 percent of the homeless feel very good; 22 percent of the homeless indicated they feel good; while 40 percent of the homeless indicated they feel fair; and 16 percent of the homeless feel bad at Grady Hospital.

Table 18

Homeless Feeling about St. Luke Clinic and Grady Hospital about Utilizing Health Care

St. Luke Clinic	Frequency	Percent
Very good	14	38.0
Good	15	30.0
Fair	13	26.0
Bad	5	10.0
Don't know	3	6.0
Grady Hospital		
Very good	11	22.0
Good	11	22.0
Fair	30	40.0
Bad	8	16.0

Question #27: What medical services have you utilized in the past one year? In responding to the question, 64 percent of the homeless indicated they used Grady Hospital; 8 percent of the homeless indicated they used St. Luke

Table 19

Medical Services Utilized in Past One Year

Medical Service	Frequency	Percent
Grady Memorial Hospital	32	64.0
St. Luke Clinic	4	8.0
Downtown Labor Center Clinic	1	2.0
Atlanta Community Program	1	2.0
Others	5	10.0
Both St. Luke and Grady Hospital	7	14.0

Clinic; while 2 percent of the homeless used Downtown Labor Center Clinic; 2 percent of the homeless indicated they used the Atlanta Community Program; 10 percent of the homeless indicated they used other clinics and hospitals; and 14 percent of the homeless indicated they used Grady Hospital and St. Luke Clinic.

Questions #28 and 29: If you were to tell anyone about the utilization of health care services provided by Grady Hospital and St. Luke Clinic, what would you tell them? In responding to this question, 38 percent of the homeless would indicate that Grady is very good; 18 percent of the homeless would indicate Grady is good; 30 percent of the homeless would indicate Grady is fair; and 14 percent of the homeless would indicate Grady is poor. In

Table 20

Remarks on Grady Hospital and St. Luke Clinic about Utilization of Health Care Services from Homeless

Grady Hospital	Frequency	Percent
Very good	19	38.0
Good	9	18.0
Fair	15	30.0
Poor	7	14.0
St. Luke Clinic		
Very good	17	34.0
Good	22	44.0
Fair	9	18.0
Poor	2	4.0

responding to St. Luke with the same question, 34 percent of the homeless indicated they would say St. Luke is very good; 44 percent of the homeless indicated they would say St. Luke is good; while 18 percent of the homeless indicated they would say it is fair; and 4 percent of the homeless responded they would respond that St. Luke Clinic is poor.

Question #30: Do you have a choice as to where to go for the utilization of health care? In responding to the question, 70 percent of the homeless responded yes and 30 percent indicated no.

Table 21

Choice for Utilization of Health Care

Response	Frequency	Percent
Yes	35	70.0
No	15	30.0

Table 22

Choice about Facility to Receive Health Care

Response	Frequency	Percent
Yes	34	68.0
No	16	32.0

Question #31: Do you have a choice about the medical facility to receive services? In responding to the question, 66 percent of the homeless indicated yes and 32 percent of the homeless responded no.

Questions #32 and 34: Have you ever received any one of these services at St. Luke Clinic: Food, social service, medical care, shelter referral, transportation or other? In responding to such services received by the homeless at Grady Hospital, 78 percent indicated yes and 22 percent indicated no. In responding to the same question for

Table 23

Miscellaneous Services Received at Grady Hospital and St. Luke Clinic

Grady Hospital	Frequency	Percent
Yes	39	78.0
No	11	22.0
St. Luke Clinic		
Yes	35	70.0
No	15	30.0

St. Luke Clinic, 70 percent of the homeless responded yes and 30 percent of the homeless responded no.

Table 24

Accessibility to St. Luke Clinic and Grady Hospital

St. Luke Clinic	Frequency	Percent
Yes	35	70.0
No	15	30.0
Grady Hospital		
Yes	35	70.0
No	15	30.0

Questions #33 and 36: Do you find it easy to go to St. Luke Clinic and Grady Hospital? In responding to the question, the homeless at Grady Hospital noted, 70 percent of the homeless indicated yes and 30 percent of the homeless indicated no. In St. Luke Clinic, 70 percent of the homeless indicated yes and 30 percent of the homeless indicated no.

Table 25

Health Insurance

Respondents	Frequency	Percent
Yes	8	16.0
No	42	84.0

Question #35: Do you have health insurance? In responding to the question 16 percent of the homeless indicated yes and 64 percent indicated no.

Questions #37 and 38: How long did it take to be seen by a doctor at Grady Hospital and St. Luke Clinic? In responding to the question, 42 percent of the homeless from Grady Hospital indicated the doctors take very long; 18 percent of the homeless indicated the doctors take long; while 20 percent indicated the doctors do not take long; and 20 percent of the homeless indicated that the doctors

Table 26

Promptness of Doctors at Grady Hospital and St. Luke Clinic

Grady Hospital	Frequency	Percent
Very long	21	42.0
Long	9	18.0
Not long	10	20.0
Long waiting	10	20.0
St. Luke Clinic		
Very long	11	22.0
Long	9	18.0
Not long	28	56.0
Long waiting	2	4.0

take long waiting periods. In St. Luke Clinic, 22 percent indicated the doctors at St. Luke clinic take very long; 18 percent of the homeless indicated long; while 56 percent of the homeless indicated not long; and 4 percent of the homeless indicated it takes long waiting periods to see the doctor at St. Luke Clinic.

Demographic Questions:

Questions 39 and 40: What is the homeless sex, and what is their marital status? In responding to the first question, 90 percent of the homeless responded are male and 10 percent of the homeless indicated they were female. In responding

Table 27

Homeless Sex and Marital Status

Sex	Frequency	Present
Male	45	90.0
Female	5	10.0
Marital Status		
Single	40	80.0
Married	3	6.0
Separated	5	10.0
Widowed	1	2.0
Divorced	1	2.0

to the question about the homeless marital status, 80 percent indicated they were single; 6 percent of the homeless indicated they were married; 10 percent of the homeless indicated they were separated; while 2 percent indicated they were widowed; and two percent indicated they were divorced.

Question #41 and 42: How many children do you have and how well do you get along with your family? In responding to homeless children, 50 percent indicated they have no children; 14 percent of the homeless indicated that they have one child; 18 percent of the homeless indicated they have two children; 12 percent of homeless indicated they

Table 28

Number of Children and Relationship to Family

Number of Children	Frequency	Present
None	25	50.0
One	7	14.0
Two	9	18.0
Three	6	12.0
Four	3	6.0
Family Relationship		
Very well	20	40.0
Well	8	16.0
Fair	13	26.0
Poor	9	18.0

have three children; and 6 percent of the homeless indicated they have four children.

Questions 43, 44, and 45: What is your race? What is your highest level of education? and How long have you been in Atlanta? In responding the the first question, what is your race, 20 percent of the homeless indicated they were African American; 60 percent indicated Black; 14 percent indicated they were White; while 2 percent indicated they were Hispanic; and 4 percent indicated they were both Black and African American.

Table 29

Race of the Homeless, Highest Level of Education, and Residence in Atlanta

Race	Frequency	Present
African American	10	20.0
Black	30	60.0
White	7	14.0
Hispanic	1	2.0
Both Black and African American	2	4.0
Highest Level of Education		
Less than high school	21	42.0
High school graduate	21	42.0
Some college or technical School	8	16.0
Residence in Atlanta		
Less than 6 months	17	34.0
7 Months to 1 Year	10	20.0
2 to 10 years	8	16.0
11 to 30 years	8	16.0
All my life	9	18.0

In responding to the highest level of education, 42 percent of the homeless indicated less than high school; while 42 percent indicated they completed high school; and 16 percent of the homeless indicated they have some college

or technical school.

In responding to the final question, residence in Atlanta, 34 percent of the homeless indicated they have lived in Atlanta for less than 6 months, 20 percent indicated 7 months to one year, 16 percent of the homeless indicated 2 to 10 years; while 16 percent responded 11 to 30 years; and 18 percent of the homeless indicated they have lived in Atlanta all their lives.

The "utilization of health care for the homeless" continues to be a growing issue in Atlanta, even though a greater percentage of the homeless have used health care facilities but they used them very infrequently or not at all. The reason for attending clinic at Grady and St. Luke a little, often, or not at all was attributed to no transportation.

It is clear that almost all the homeless do not have health insurance and prefer to attend hospitals/clinics that are less costly. Many of the homeless expressed fear of the long waiting lines at Grady Hospital; in some instances as long as four hours before they could receive medical care. Despite the long waiting line, the majority of the homeless persons responding to this questionnaire are in favor of Grady. Many of the homeless indicated that they would recommend their friends for the utilization

of health care services, because Grady has more medical services rating benefit for both St. Luke Clinic and Grady Hospital was high (Table 12, page 35). There are some homeless persons on the street who do not know about the services provided at Grady Hospital or St. Luke Clinic. Those health care facilities receive ratings of poor need some improvement to serve all of the homeless.

Finally, the demographic assessments revealed lots of interest. This research found that most of the homeless are male and single. Those who were not single, had at one time or another been married and separated. Others are widowed or have been divorced. It was further noted that some homeless have positive relationships with their families and some do not at all.

The majority of the homeless persons in this study do not have children. In reference to race, education and residence, this study revealed that many different ethnic groups compose the homeless population, but Black and African-Americans top the list. The majority are educated, some have less than high school, others have high school, technical and college education. Some of the homeless have lived in Atlanta for less than six (6) months. Others have been here since birth.

Additionally, this researcher also found that in some instance the attitudes of medical staff adversely impacted the homeless utilization of health care services.

Recommendations

1) The Homeless Task Force should make every effort to make the utilization of health care available by transporting the homeless who need health care to the clinics and hospitals.
2) The State of Georgia should make available the social services that are provided by informing the homeless through the media so that they can be aware and able to make choices.
3) Grady Hospital should make provision to assign physicians to the homeless in the Emergency Clinic to reduce the long waiting lines and time for the homeless.
4) Since the greater population of the homeless do not have health care insurance, the State of Georgia should see to it that the homeless attending any hospital should be serviced at no cost.
5) Social workers should advocate with the homeless for more effective service delivery.
6) The Task Force should consider the Atlanta University School of Social Work as one of their

long ranged consultants in the area of research and program implementation.

CHAPTER 5

SUMMARY AND CONCLUSIONS

The needs assessment for the utilization of health care by the homeless was carried out by the Atlanta University School of Social Work student as his thesis between February and May 1989. The needs assessment was intended to show the health care that are provided to the homeless in Grady Hospital and St. Luke Clinic and if homeless are taking advantage of them. However, 55 questionnaires were developed and administered by the student to St. Luke Clinic and Grady Hospital social service. The results of this survey were then analyzed.

Most of the homeless have used health care but have used it very little and some have not used it at all. The reason for using health care very little or not at all is that the homeless do not have the economic/transportation means to get to the hospital and clinics. They need transportation. It was clear that almost all the homeless do not have insurance and like to attend those hospitals and clinics that are less expensive. They voiced concern about the long waiting lines, about 4 hours or more to see a doctor at Grady Hospital. The only less expensive hospital to receive medical by which homeless can receive effective health care services promptly.

The homeless task force have done an exceptional job in the area of advocacy for the homeless in general. However, it is time for the Task Force for the Homeless to examine the utilization of health service that are provided to the homeless. The homeless have real needs for the utilization of health care, needs that should be addressed by St. Luke and Grady Hospital in particular and the homeless task force in general.

The research report indicated that most of the homeless are single, some were once married and separated. Others were found to be widowed or some divorced. Few still have relationships with their families and others do not have relationships any family at all. The majority do not have children and almost all are educated but completed less than high school. Even though other ethnic groups are homeless but Blacks top the homeless list. The majority of the homeless are from other states and have lived in Atlanta for less than six months.

The results of this research will be of benefit to the Atlanta task force to further understand the problem homeless face in the utilization of health care.

Limitation of the Study

Due to the sample population size, the researcher will not generalize findings to the total population. The researcher can state only that the results can be applied

to this sample group.

Suggested Research Directions

This study has several suggestions for further study. First, it is the opinion of the researcher that this study needs to be expanded in terms of the number of subjects and time used in conducting the study. It is the researcher's belief that this study was limited in terms of time for collection of data and sample size which may mean that this data cannot be further tested such as: 1) Does transportation stop homeless from utilizing health care? 2) Does cost really determine whether homeless utilizing health care or not? 3) Does the approach to homeless by doctors, nurses and staff cause homeless non-compliance in the use of health care? 4) Does homeless not use health care because of no insurance? 5) If the answers to these questions are yes, how can health care providers and the Georgia task force be structured and address these concerns?

CHAPTER 6

IMPLICATIONS FOR SOCIAL WORK PRACTICE

Although several classic works provide a historical perspective by documenting the nature of the homeless population existing earlier in this century, the empirical social work research literature on contemporary homeless populations from the 1960's on is sparse. There is a dearth of available literature on health care services on the homeless. This scarcity of empirical research literature on health care services to the homeless population is due in part to the difficulty of conceptualizing a model for professional intervention with contemporary homeless persons and due in part to a reluctance of social work researchers to use non-quantitative data, such as life experience, as a beginning base for theory building. Viewed from another perspective, it is possible to recognize that the homeless population provides a challenge to the social work profession that can, in fact, be met.

The eco-systems theory (model) informed this research study. For professional intervention with the homeless population, few resources are required to apply eco-systems theory. Significant practice skills and knowledge can be acquired if the social worker is willing to work

autonomously, that is, in the roles of advocate, mediator, teacher/consultant, counselor/therapist, and is willing to risk possible failure. This modest investment for any health care agency (private or public) will help to reduce the destructive impact of homelessness on the individual, families and communities.

The results of this empirical research study on the homeless populations' underutilization of health care services revealed the following:

1) transportation;
2) cost of health care;
3) attitudes, perceptions, approach of the health care staff (doctors, nurses and social workers);
4) lack of insurance; and
5) long waiting periods to receive health care.

The implications evolving from these findings reveal the need for social workers to advocate and mediate on behalf of the homeless in areas of direct health care services, political decision making arena, and research with the homeless population.

For example, implied in the attitudes, perceptions and approach of health care staff to the homeless population, there appears to be a need for further exploration of client/worker relationship. Sometimes the alienation, mistrust and defensiveness common among the homeless

population make the establishment of rapport between the homeless persons and staff difficult. Much of this difficulty is due to misperception on the part of the recipient of services as well as the service deliverer. The staff's lack of rapport and isolation from the homeless population can produce in the worker's rejecting behavior.

This process, in turn, may lead to the worker's projection of behavioral traits on to the homeless person to a degree far exceeding their actual possession of such traits. For this reason, self-awareness becomes a crucial factor in working with the homeless population.

Further, research and refinement of practice skills are essential. For this to occur, social work must develop a frame from reconceptualizing practice directed at servicing hard-to-reach populations that are now poorly served or ignored.

Research is also required to further determine the needs of the homeless population who may reject traditional health care arrangements for service. More sophisticated research tools must be developed before further effective study can occur. Specifically, professionals in the field tend to ignore data that do not fit in the traditional mold of scholarly research. Such a myopic view prevents the development of a conceptual framework which would permit understanding of the life experience of the homeless. It

is important to create this framework, social workers must recognize that such life experiences have value both as a basis for practice and as an acceptable base for further research.

This researcher hopes that some of the mystique, fears and misconceptions held about the homeless population underutilization of health care services will inform the social work profession and reduce the negative impact on the homeless population.

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APPENDICES

APPENDIX A: QUESTIONNAIRE

APPENDIX B: LETTER TO AGENCIES DIRECTORS

APPENDIX A

QUESTIONNAIRE

QUESTIONNAIRE

"The Utilization of Health Care Services by the Homeless in Grady Hospital and St. Luke Clinic"

Purpose of the Study

The purpose of this exploratory-descriptive study is to address the broad issues of "The Utilization of Health Care by the Homeless in Grady Hospital and St. Luke Clinic.

This questionnaire simply asks that you share your own experience and honest opinion about the use of health care at Grady Hospital and St. Luke Clinic. This is an easy and quick questionnaire to complete. It will only take about twenty (20) minutes of your time. You do not need to sign your name.

Thank you for your participation in this study.

1. Are you currently using a health care facility?

____ (a) Yes
____ (b) No

2. When was the last time you used a health care facility?

____ (a) 0-6 months
____ (b) 6-12 months
____ (c) 12 months and over

3. Where do you go for the utilization of health care?

____ (a) St. Luke Clinic
____ (b) Grady Hospital
____ (c) Other hospitals or clinics

4. How often do you use Grady Hospital?

____ (a) Very often
____ (b) Often
____ (c) Little
____ (d) Very little
____ (e) Not at all

5. How often do you use St. Luke Clinic

____ (a) Very often
____ (b) Often
____ (c) Little
____ (d) Very little
____ (e) Not at all

6. Why do you use Grady Hospital instead of St. Luke Clinic?

____ (a) Because Grady has better service
____ (b) Because Grady service is worse
____ (c) Because Grady has more service

7. Why do you use St. Luke Clinic instead of to Grady Hospital?

____ (a) Because St. Luke has better service
____ (b) Because St. Luke service is worse
____ (c) Because St. Luke has more service

8. How often have you received transportation from Grady Hospital?

____ (a) Very often
____ (b) Often
____ (c) Very little
____ (d) Not at all

9. How often have your received transportation from St. Luke Hospital?

____ (a) Very often
____ (b) Often
____ (c) Little
____ (d) Very little
____ (e) Not at all

10. Does cost determine whether you use Grady Hospital or St. Luke Health services?

____ (a) Yes
____ (b) No

11. How long do you have to wait to receive services at Grady Hospital?

____ (a) Less than an hour
____ (b) 1-2 hours
____ (c) 2-3 hours
____ (d) 4 hours or more

12. What health care facility could you recommend to your friends for the utilization of health care?

____ (a) St. Luke Clinic
____ (b) Grady Hospital
____ (c) None of these

13. Have you utilized health care services in the past one year?

____ (a) Yes
____ (b) No

14. How will you rate the services utilized in Grady Social Services?

____ (a) Very good
____ (b) Good
____ (c) Fair
____ (d) Poor

15. How will you rate the services utilized in St. Luke Social Services?

____ (a) Very good
____ (b) Good
____ (c) Fair
____ (d) Poor

16. How often have you received medical checkups at St. Luke Clinic?

____ (a) Very often
____ (b) Often
____ (c) Little
____ (d) Very little
____ (e) Not at all

17. How long do you have to wait to receive services at St. Luke Clinic?

____ (a) Less than an hour
____ (b) 1-2 hours
____ (c) 2-3 hours
____ (d) 4 hours or more

18. How often have you received medical checkups at Grady Hospital?

____ (a) Very often
____ (b) Often
____ (c) Little
____ (d) Very little
____ (e) Not at all

19. How will you rate the approach received from the nurses in St. Luke?

____ (a) Very good
____ (b) Good
____ (c) Poor
____ (d) Don't know

20. How will you rate the approach received from the doctors at Grady Hospital?

____ (a) Very good
____ (b) Good
____ (c) Poor
____ (d) Don't know

21. How will you rate the approach received from the doctors at St. Luke Clinic?

____ (a) Very good
____ (b) Good
____ (c) Poor
____ (d) Don't know

22. How will you rate the approach received from the staff at St. Luke Clinic?

____ (a) Very good
____ (b) Good
____ (c) Poor
____ (d) Don't know

23. How will you rate the approach received from the nurses at Grady Hospital?

____ (a) Very good
____ (b) Good
____ (c) Poor
____ (d) Don't know

24. How will you rate the approach received from the staff at Grady Hospital?

____ (a) Very good
____ (b) Good
____ (c) Poor
____ (d) Don't know

25. How do you feel when you come to St. Luke Clinic for the utilization of health care?

____ (a) Very good
____ (b) Good
____ (c) Fair
____ (d) Bad

26. How do you feel when you come to Grady Hospital for the utilization of health care?

____ (a) Very good
____ (b) Good
____ (c) Fair
____ (d) Bad

27. What medical services have you utilized in the past one year?

____ (a) Grady Hospital
____ (b) St. Luke Clinic
____ (c) Downtown Labor Center Clinic
____ (d) Atlanta Community Program
____ (e) Others

28. If you were to tell anyone about the utilization of health care services provided by Grady Hospital, what would you tell them?

____ (a) It is very good.
____ (b) It is good.
____ (c) It is fair.
____ (d) It is poor.

29. If you were to tell anyone about the utilization of health care services provided by St. Luke Clinic, what would you tell them?

____ (a) It is very good.
____ (b) It is good.
____ (c) It is fair.
____ (d) It is poor.

30. Do you have a choice as to where to go for the utilization of health care?

____ (a) Yes
____ (b) No

31. Do you have a choice about the medical facility to receive services?

____ (a) Yes
____ (b) No

32. Have you ever received any one of these services from Grady Hospital: Food, social service, medical care, shelter referral, transportation, or others?

____ (a) Yes
____ (b) No

33. Do you find it easy to go to St. Luke Clinic?

____ (a) Yes
____ (b) No

34. Have you ever received any one of these services at St. Luke Clinic: Food, social service, medical care, shelter referral, transportation, or other?

____ (a) Yes
____ (b) No

35. Do you have health insurance?

____ (a) Yes
____ (b) No

36. Do you find it easy to go to Grady?

____ (a) Yes
____ (b) No

37. How long did it take to be seen by a doctor at Grady?

____ (a) Very long
____ (b) Long
____ (c) No long
____ (d) Long waiting

38. How long did it take to be seen by a doctor at St. Luke?

____ (a) Very long
____ (b) Long
____ (c) Not long
____ (d) Long waiting

Demographic Questions

39. Sex

____ (a) Male
____ (b) Female

40. Marital status

____ (a) Single
____ (b) Married
____ (c) Separated
____ (d) Widowed
____ (e) Divorced

41. How many children do you have?

____ (a) None
____ (b) One
____ (c) Two
____ (d) Three
____ (e) Four
____ (f) Five
____ (g) Six
____ (h) Seven or more

42. How well do you get along with your family?

____ (a) Very well
____ (b) Well
____ (c) Fair
____ (d) Poor

43. What is your race?

____ (a) African American
____ (b) Black
____ (c) Mexican
____ (d) White
____ (e) Indian American
____ (f) Hispanic
____ (g) Oriental
____ (h) Other

44. What is your highest level of education?

____ (a) Less than a high school education
____ (b) High school graduate
____ (c) Some college or technical school
____ (d) College
____ (e) Don't know

45. How long have you been in Atlanta?

____ (a) Less than 6 months
____ (b) 7 months to 1 year
____ (c) 2 to 10 years
____ (d) 11 to 30 years
____ (e) All my life
____ (f) Don't know

APPENDIX B

LETTERS TO AGENCIES DIRECTORS

ATLANTA UNIVERSITY
SCHOOL OF SOCIAL WORK
223 James P. Brawley Drive, S. W.
ATLANTA, GEORGIA 30314-4391
(404) 653-8548

February 17, 1989

Ms. Jean Allen
Director of Georgia Nurses Foundation
St. Luke Medical Clinic
435 Peachtree Street, N. E.
Atlanta, Georgia 30308

Dear Ms. Allen:

I am requesting permission to conduct a research study on the "Utilization of Health Care Services by the Homeless in Metropolitan Atlanta" at your facility on February 24.

The questionnaire is composed of 45 questions. It will take about 20 minutes to complete. A final copy of the research study will be made available to your facility. The objective of this research project is to understand how best to meet the health care needs of the homeless population in Atlanta.

In order to assure annoymity, the respondent's or participant's name will not appear on the questionnaire. Instead, a code number has been assigned for purposes of confidentiality.

Your help is greatly appreciated. I sincerely believe that the results of this research project can have an impact on the quality of health care services provided to the homeless population.

Sincerely yours,

Aubrey N. Wehye
Graduate Student

Hattie W. Mitchell, C.S.W.
Assistant Professor

ANW:pm

ATLANTA UNIVERSITY
SCHOOL OF SOCIAL WORK
223 James P. Brawley Drive, S. W.
ATLANTA, GEORGIA 30314-4391
(404) 653-8548

February 17, 1989

Mrs. Charlene Turner, A. C. S. W.
Director of Social Services
Grady Memorial Hospital
80 Butler Street, First Floor
Atlanta, Georgia 30335

Dear Mrs. Turner:

I am requesting permission to conduct a research study on the "Utilization of Health Care Services by the Homeless in Metropolitan Atlanta" at your facility on February 24. The objective of this research project is to understand how best to meet the health care needs of the homeless population in Atlanta.

The questionnaire is composed of 45 questions. It will take about 20 minutes to complete. A final copy of the research study will be made available to your facility.

In order to assure annoymity, the respondent's or participant's name will not appear on the questionnaire. Instead, a code number has been assigned for purposes of confidentiality.

Your help is greatly appreciated. I sincerely believe that the results of this research project can have an impact on the quality of health care services provided to the homeless population.

Sincerely yours,

Aubrey N. Wehye
Graduate Student

Hattie W. Mitchell, C. S. W.

ANW:pm